

MEASURING PROGRESS TOWARDS ENDING HIV-RELATED MORTALITY BY 2030

OVERVIEW

One of the latest global targets approved by the United Nations is to reduce the estimated number of HIV-related deaths by 90 percent from 2010 to 2030.¹ While mathematical modelling provides valuable insights into this area, the source data mostly are derived from population-based surveys that are costly and time-limited. Developing systems to measure trends in HIV-related mortality can help policymakers understand these issues over the long-term. In many resource limited countries, mortality systems exist in some shape or form, such as civil registration and vital statistics systems; however, these systems share common challenges such as under-registration of deaths and failure to determine the cause of death. Strengthening these systems could provide countries with an immediate and long-term system for measuring progress to end HIV-related mortality.

CDC'S ROLE

The U.S. Centers for Disease Control and Prevention (CDC) has recently focused on demonstrating innovative approaches to mortality surveillance, providing technical assistance to selected countries, and supporting the development of global norms.

ACCOMPLISHMENTS / RESULTS

CDC has supported Malawi in strengthening their mortality system. This support has helped increase death registration at lower levels of the health system and has improved Malawi's understanding of which ages and genders experience higher mortality rates. In addition, CDC piloted a sentinel surveillance system for HIV-associated mortality in mortuaries in Nairobi, Kenya; this pilot project is now being expanded to Western Kenya. In the same region, CDC is conducting a study utilizing minimally invasive tissue sampling to understand the leading causes of death among children. The results of the study are expected in 2018.

FUTURE EFFORTS

A major barrier to the implementation of HIV-related mortality surveillance systems is the under-registration of deaths. CDC is leading a global synthesis to understand which policy interventions can help increase death registration rates. For example, in Egypt death registration rates increased by requiring a death certificate prior to religious burials. This synthesis will be conducted with global partners in mortality surveillance, including the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF) to ensure the findings can be readily translated into global and national policies. CDC is also supporting the Governments of Mozambique and Zimbabwe in strengthening their mortality systems in the context of HIV. This technical assistance is directly affecting national policy and is expected to yield valuable information on HIV in the coming years.

BENEFITS OF OUR WORK

Mortality systems allow countries supported by the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) to more effectively understand the impact of their response and to measure progress against ending HIV-related mortality by 2030.

¹ Fast-Track. Ending the AIDS Epidemic by 2030. Available at: http://www.unaids.org/sites/default/files/media_asset/JC2686_WAD2014report_en.pdf